

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U -

12286

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Charles D Marshall Jr.

P.O. Box, Bldg., Room No., if any

Street 2841 Hillcrest Ave.

City Flint

State Michigan ZIP Code + 4 48507-4300

4. Name, file number, and address of labor organization.

Name IBEW Local 948

Labor Organization File Number 036-362

P.O. Box, Building and Room Number, if any

Street 1251 W. Hill Rd.

City Flint

State Michigan ZIP Code + 4 48507-4737

5. Position in labor organization.

Business Manager/Financial Sec.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles D Marshall Jr.

On

08/15/2005

Date

1-810-767-3308

Telephone Number

Name of Person Filing Charles Marshall Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Michigan Electrical Employees' Pension Fund

Trade Name, if any: Electricians

P.O. Box, Bldg., Room No., if any

Street 6525 Centurion Drive

City Lansing

State Michigan ZIP Code + 4 48917-9275

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan Electrical Employees' Pension Fund

Trade Name, if any: Electricians

P.O. Box, Bldg., Room No., if any

Street 6525 Centurion Drive

City Lansing

State Michigan ZIP Code + 4 48917-9275

11.a. Nature of such dealing.

12/12/03 \$25 Reg. fee - IBEW/NECA Conf. 1/04  
12/18/03 \$1,018 Travel adv. IBEW/NECA Conf. 1/04  
(\$29) refund of unused adv.  
11/02/04 \$915 Reg. fee Annual Benefits Conf.  
11/06/04 \$2250 travel adv  
(\$662) refund of unused adv.

11.b. Approximate dollar value of such dealing.

\$3,517

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.